Hepatitis C: State of Medicaid Access Report Card

Michigan

Estimated Number of Individuals Living with Hepatitis C: 1012001



Grade	Summary
	Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) and Managed Care Organizations (MCOs) require at least moderate liver damage (F2 or greater) to access treatment.
	Sobriety Restrictions: FFS and MCOs require six months abstinence, although consideration will be given if documentation is provided showing a beneficiary is participating in counseling or a program for sobriety.
	Prescriber Restrictions: FFS and MCOs require a prescription be written by or in consultation with a specialist. FFS requirements apply across the Medicaid program.
D+	Recommendations to Improve Patient Access: Eliminate liver damage, sobriety and prescriber restrictions. Maintain transparency regarding coverage criteria and parity across the Medicaid program.
	Grade Rationale: Michigan has made efforts to improve hepatitis C treatment access this year by reducing the liver damage requirement to F2 or greater. It also carves hepatitis C medications from MCO contracts, providing coverage parity across the Medicaid program. However, the state has prescriber restrictions and unacceptable sobriety requirements of six months abstinence. In recognition of Michigan's movement towards increasing access and the case-by-case consideration of beneficiaries in a counseling or a treatment program, a "plus" has been added to the state's "D" grade.

Background

As of June 2017, Michigan had 2,352,671 individuals enrolled in Medicaid and Children's Health Insurance Program.² Michigan Medicaid operates a Fee-For-Service (FFS) program and contracts with Managed Care Organizations (MCOs). Most beneficiaries, 75 percent, are enrolled in a MCO; the remaining 25 percent participate in FFS.³ MCO availability varies by county, Michigan Medicaid contracts with the following 13 plans: Aetna Better Health, CoventryCares of Michigan, McLaren Health Plan, Priority Health Choice, Total Health Care, Upper Peninsula Health Plan, Meridian Health Plan, HAP Midwest Health Plan, Harbor Health Plan, Blue Cross Complete MI, Physicians Health Plan Family Cares, Molina Healthcare of Michigan, and UnitedHealthcare Community Plan.⁴ In March 2016, the Michigan Department of Health and Human Services (MDHHS) carved out hepatitis C medications from MCO contracts.⁵ All FFS coverage requirements apply across the entire Medicaid program.⁶

State of Medicaid Hepatitis C Treatment Access

Michigan Medicaid restricts access to hepatitis C treatment. All beneficiaries face the same treatment restrictions, as FFS requirements apply across the whole program⁷. The state has made some effort to improve coverage. In March 2017, Michigan reduced the liver damage requirement from severe (F3 or greater) to at least moderate (F2 or greater).⁸ A beneficiary can also qualify for therapy if the individual has HIV co-infection, previous liver transplant, or serious extrahepatic manifestations.⁹

Beneficiaries must be abstinent from alcohol or substance use for six months, although consideration will be given if documentation is provided showing a beneficiary is participating in counseling or a program for sobriety. A prescription must be written by or in consultation with a specialist. He prescriber must also document a "commitment to the planned course of treatment and monitoring (including Sustained Viral Response); as well as [providing] patient education addressing ways to reduce the risks for re-infection. He Michigan's Preferred Drug List (PDL) includes: Dakliza, Epclusa, Harvoni, Sovaldi, Technivie, Viekira XR, Viekira Pak and Zepatier. Olysio is listed as non-preferred.

Michigan Medicaid is transparent regarding its hepatitis C coverage criteria. The state responded to the NVHR/CHLPI Medicaid survey regarding hepatitis C coverage requirements.

Liver Damage (Fibrosis) Restrictions

Michigan Medicaid requires at least moderate liver damage (F2 or greater) or a beneficiary to present HIV-coinfection, have a prior liver transplant or a serious extrahepatic manifestation.¹⁵





Sobriety Restrictions

Michigan Medicaid requires beneficiaries to be abstinent from alcohol or substance use for six months, although consideration will be given if documentation is provided showing a beneficiary is participating in counseling or a program for sobriety. 16 A prescriber must document alcohol and substance use status.¹⁷ The prior authorization (PA) form further states that approval for treatment for active alcohol or substance users will be considered "in terms of optimizing treatment," 18

Prescriber Restrictions

Michigan Medicaid requires a prescription to be written by a "gastroenterologist, hepatologist, liver transplant or infectious disease physician."19 The PA further states that if "the prescribing provider is not one of the identified specialists noted, the prescriber must submit documentation of consultation/collaboration of the specific case with one of the afore-mentioned specialists which reflects discussion of the history and agreement with the plan of care with the date noted in the progress note."20

Points of Contact for Questions & Concerns about Michigan's State of Medicaid Hepatitis C Access

Medicaid²¹: Chris Priest, Medicaid Director, Department of Community Health

400 South Pine Street, Lansing, Michigan 48913; Telephone: (517) 241-7882; Email Address: N/A

Pharmacy and Therapeutics Committee²²: David Neff, Committee, D.O., Chairperson Pharmacy and Therapeutics, Michigan **Department of Health and Human Services**

P O Box 30479 Lansing, MI 48909-7979; Telephone: N/A; Email Address: NeffD2@michigan.gov





¹ Michigan, State Profile, HepVu (Accessed September 2017): https://hepvu.org/state/michigan/

² Medicaid and CHIP in Michigan, By-State, Medicaid.gov (Accessed September 2017): https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=michigan

³ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Tracker, Henry, J. Kaiser Family Foundation, July 1, 2016 (Accessed September 2017): http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D

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⁶ Medicaid Health Plan Common Formulary, MDHHS, Updated: 06/01/2017 (Accessed September 2017): http://www.michigan.gov/documents/mdhhs/Managed_Care_Common_Formulary_Listing_506275_7.pdf
7 Ibid. MDHHS Health Plan Pharmacy Programs Carve-Out, Submitted to Magellan Medicaid Administration, Inc Point-of-Sale, Michigan Department of Health and Human Services, Updated: 08/09/2016; See also: Medicaid Health Plan Common Formulary, MDHHS, Updated: 06/01/2017

B Michigan Medicaid Hepatitis C Coverage Criteria, Hepatitis Headlines, Viral Hepatitis Surveillance and Prevention Unit, Michigan Department of Health and Human Services, Issue 15, March 2017 (Accessed September 2017): http://www.michigan.gov/documents/mdhhs/Hepatitis_Headlines_Q1_2017_555109_7.pdf

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¹⁰ Ibid. Prior Authorization Criteria for Hepatitis C Treatment: Current Treatment Criteria, MDHHS, Revision: 07/2017; See also: Prior Authorization Forms, MDHHS/Magellan Medicaid Administration 11 Ibid. Prior Authorization Criteria for Hepatitis C Treatment: Current Treatment Criteria, MDHHS, Revision: 07/2017; See also: Prior Authorization Forms, MDHHS/Magellan Medicaid Administration

¹² Ibid. Prior Authorization Criteria for Hepatitis C Treatment: Current Treatment Criteria, MDHHS, Revision: 07/2017; See also: Prior Authorization Forms, MDHHS/Magellan Medicaid Administration

¹³ Michigan Department of Health and Human Services Preferred Drug List, Effective: 07/18/2017 (Accessed September 2017): https://michigan.fhsc.com/downloads/PDL_20170718.pdf; See also: Fee-For-Service Drug Coverage, MDHHS/Magellan Medicaid Administration (Accessed September 2017): https://michigan.fhsc.com/Providers/DrugInfo.asp

¹⁴ Ibid. Michigan Department of Health and Human Services Preferred Drug List, Effective: 07/18/2017; See also: Fee-For-Service Drug Coverage, MDHHS/Magellan Medicaid Administration

¹⁵ Ibid. Prior Authorization Criteria for Hepatitis C Treatment: Current Treatment Criteria, MDHHS, Revision: 07/2017; See also: Prior Authorization Forms, MDHHS/Magellan Medicaid Administration 16 Ibid. Prior Authorization Criteria for Hepatitis C Treatment: Current Treatment Criteria, MDHHS, Revision: 07/2017; See also: Prior Authorization Forms, MDHHS/Magellan Medicaid Administration

¹⁷ Ibid. Prior Authorization Criteria for Hepatitis C Treatment: Current Treatment Criteria, MDHHS, Revision: 07/2017; See also: Prior Authorization Forms, MDHHS/Magellan Medicaid Administration

¹⁸ Ibid. Prior Authorization Criteria for Hepatitis C Treatment: Current Treatment Criteria, MDHHS, Revision: 07/2017; See also: Prior Authorization Forms, MDHHS/Magellan Medicaid Administration

19 Ibid. Prior Authorization Criteria for Hepatitis C Treatment: Current Treatment Criteria, MDHHS, Revision: 07/2017; See also: Prior Authorization Forms, MDHHS/Magellan Medicaid Administration

²⁰ Ibid. Prior Authorization Criteria for Hepatitis C Treatment: Current Treatment Criteria, MDHHS, Revision: 07/2017; See also: Prior Authorization Forms, MDHHS/Magellan Medicaid Administration

²¹ Michigan, Medicaid Directors, National Association of Medicaid Directors (Accessed September 2017): http://medicaiddirectors.org/about/medicaid-directors/; See also: Michigan Department of Health and Human Services (Accessed September 2017): http://www.michigan.gov/mdhhs/0,5885,7-339-71719-368027--,00.html

²² P & T Committee Home, Michigan Department of Health and Human Services/Magellan Medicaid Administration (Accessed September 2017): https://michigan.fhsc.com/Committees/PandT.asp; See also: Note: P & T $Committee\ Meeting\ Comment\ Period\ Request\ to\ Provide\ Comment\ Notice\ Requirements:\ https://michigan.fhsc.com/Downloads/MIRx_PT_PublicComments-2017.pdf$